

Contents

Preface: The Unfavorable Outcome: Here We Conquer xiii

Fu-Chan Wei and Nidal Farhan AL Deek

The Triangle of Unfavorable Outcomes After Microsurgical Head and Neck Reconstruction: Planning, Design, and Execution 615

Fu-Chan Wei, Nidal Farhan AL Deek, Ming-Huei Cheng, and Chih-Hung Lin

Analysis of unfavorable results in microsurgical head and neck reconstruction beyond free flap survival is the goal of this article. Unfavorable outcome is the result of poor or inadequate planning, design, and execution. A triangular relationship between the 3 corners of a microsurgical reconstruction—plan, design, and execution—is suggested to govern the unfavorable outcome after a surviving free flap. This article shares the authors' philosophy and strategies to avoid untoward outcomes. Case studies and the authors' surgery dynamics are provided to simplify the message.

Free Tissue Transfer to Head and Neck: Lessons Learned from Unfavorable Results—Experience per Subsite 621

Nidal Farhan AL Deek, Fu-Chan Wei, and Huang-Kai Kao

This article provides a lesson-learned approach per site and anatomic structure to head and neck reconstruction. It addresses the most common unfavorable results following successful free flap transfer, shedding light on why they happen and how to prevent them. It draws from hundreds of advanced and complicated microsurgical head and neck reconstruction cases, aiming to achieve excellence in the reconstructive endeavor and to enhance the patient's quality of life.

Mount Sinai Medical Center and Their Experience with Unfavorable Microsurgical Head and Neck Reconstruction 631

Ilya Likhterov and Mark Urken

Radiation effects on tissues greatly complicate reconstruction of head and neck defects. We discuss the unfavorable surgical conditions set up by prior surgery and radiation in patients undergoing salvage ablation of recurrent cancer. With the focus on vessel selection, flap donor site characteristics, and management of potential complications, we hope to highlight some of the lessons learned from these complex cases. Special attention is given to the topic of laryngopharyngeal reconstruction.

Unfavorable Results After Free Tissue Transfer to Head and Neck: Lessons Based on Experience from the University of Toronto 639

Marika Kuuskeri, Anne C. O'Neill, and Stefan O.P. Hofer

The purpose of the current article is to provide an overview of the functional and aesthetic unfavorable results of head and neck reconstruction, and provide suggestions on how to address these issues. Understanding the consequences of an unsuccessful reconstruction provides the foundation for proper planning and personalized approach to reconstruction of lost structures.

Management of Unfavorable Outcomes in Head and Neck Free Flap Reconstruction: Experience-Based Lessons from the MD Anderson Cancer Center

653

Edward I. Chang, Matthew M. Hanasono, and Charles E. Butler

Complex head and neck reconstruction often mandates free tissue transfer to achieve the most optimal outcomes. Unfortunately, such challenging cases are not without risks of complications, the most dreaded of which is loss of the free flap. Aside from loss of the free flap, there are several other potential complications that can result following head and neck reconstruction. Certain complications are avoided with careful planning, others require significant revisions and in certain cases another free flap. This article presents the experience managing a series of unique complications following free flap head and neck reconstruction.

Mayo Clinic Experience with Unfavorable Results After Free Tissue Transfer to Head and Neck

669

Thomas H. Nagel and Richard E. Hayden

Free tissue transfer to the head and neck in the modern era has a high success rate. To maximize success with reconstructive surgery in the head and neck region, it helps to understand those factors that present unique challenges. These factors include contamination by the upper aerodigestive tract, tissue mobility, and a high percentage of patients receiving radiotherapy for oncologic treatment. This article reviews the authors' experience in the head and neck, specifically how addressing these factors can best lead to successful functional and aesthetic outcomes. The authors share surgical techniques and lessons learned from their successes and failures.

Unfavorable Results After Free Tissue Transfer to Head and Neck: Lessons Learned at the University of Washington

683

Jeffrey J. Houlton, Scott E. Bevans, and Neal D. Futran

This article discusses the lessons learned from nearly 2700 free tissue transfer procedures to reconstruct defects of the head and neck at the University of Washington. It discusses the authors' perioperative management practices regarding perioperative tracheotomy tube placement, their method of postoperative flap monitoring, and their current protocol for use of postoperative antibiotics. It reports on the reconstructive preferences for 2 difficult defects that frequently result in unfavorable outcomes: the total glossectomy defect and the pharyngolaryngectomy defect. Key points for harvesting and inseting flaps, to maximize reconstructive outcomes, are provided.

Henri Mondor Experience with Microsurgical Head and Neck Reconstruction Failure

695

Romain Bosc and Jean-Paul Meningaud

Maxillofacial reconstruction surgery largely relies on the use of microsurgical free transfer techniques. Head and neck cancer surgery and ballistic injuries may lead to significant losses of multitissular substances. Even when the free transfer is successful and the microvascular critical phase is resolved, some functions or anatomic structures may not have been properly restored or have worsened. Any plastic surgery technique may be used to improve an unfavorable functional or aesthetic result after free flap reconstruction. In most cases, performing surgical readjustments using a local flap is needed.

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